| Student name: ______ Birthdate: _____ ICD 9 code(s): _____ | | School district: _____ Building: _____ | | Services: | | ate of | Time in | Time out | Total time | Nursing service -Intervention/ service | Comment / Student response | | Comment / Student response | Procedure | Medical supplies - | | Suddent name: _____ Birthdate: _____ ICD 9 code(s): _____ | | School district: _____ Building: _____ | | Services: ______ | | Services: ______ | | Attach | Time in | Time out | Total time | Nursing service -Intervention/ service code (see sheet with list) | | Comment / Student response | Procedure | Medical supplies - | | Student name: ______ | | School district: ______ | | Services: _______ | | Attach | Time in | Time out | Total time | Nursing service -Intervention/ service | | Services: _______ | | Attach | Time in | Time out | Total time | Nursing service -Intervention/ service | | Services: _______ | | Attach | Time in | Time out | Total time | Nursing service -Intervention/ service | | Services: _______ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Services: ________ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Services: _________ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Services: _________ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Services: __________ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Services: _____________ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Services: __________________ | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Attach | Time out | Total time | Nursing service -Intervention/ service | | Attach | Time out | Total tim

Date of	Time in	Time out	Total time	Nursing service -Intervention/ service code (see sheet with list)	Comment / Student response	Procedure	Medical	Initials
Service			(minutes)	service code (see sheet with list)		code -	supplies –	
						(see below)	type &	
						(see below)	quantity	
								+
								-
								+
								+
								+
								-
								_
								1

Unit cost medical suppli	ies		
Total monthly cost med		es	
(Procedure code T5999	- \$25 max	/ month)	

Procedure codes: Total time (minutes) for each code: Total time (minutes) for each code:

	_ 5 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7		_ 5 5551 52222 (2	
Nursing screening	T1023 TE (per encounter)	Individual nursing services	T1003 (15 min. unit)	
Group nursing services	T1003 HQ (15 min. unit)	Contracted nursing services	T1003 TM (15 min. unit)	

Service providers:

Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature*	Initials	Position: RN

^{*} I attest that the services/ interventions provided by the LEA staff members are consistent with this student's treatment plan or specific goal(s) as described in the student's IEP. This does not imply my supervision of the LEA staff members, nor have I necessarily observed these services.

(10-19-07)

Nursing services - possible interventions with service codes (this list contains only suggestions – there may be other interventions)

Screening	Individual/ group health counseling and/ or instruction	Catheterization	Diabetes management	Feeding
 Screening refers to the process of assessing health status through individual or group observation in order to identify problems and determine if further assessment needed. Documentation is required if the child is referred for evaluation or treatment services identified as a result of the screen. 	Health counseling and/ or instruction is intended to improve health status and effect change in self-care. It can be provided to an individual student or group or students.	Education and monitor self catheterization (SCIC) Intermittent urinary catheterization (CA) Indwelling catheter, reinsertion, and care	Monitor blood sugar (BS) Administer insulin (II) Education and monitor self management Emergency care	 Nutrition education, monitoring, and assessment Gastrostomy feeding (TF) Gastrostomy insertion and care Parenteral nutrition Oral feedings (OF)
Health support systems	Medications	Respiratory care	Ostomies	Other nursing procedures
 Apnea assessment, monitoring and care Central line care, dressing change, emergency care Dialysis monitoring and care Shunt monitoring and care Ventilator monitoring and care Wound and skin integrity assessment, monitoring, and care 	Administrations of medications - mouth, eye, ear, nose, skin, ostom or tube (MA) - metered-dose inhaler (MDI) - nebulizer treatment (NT) - injection - rectal or bladder medication Ongoing assessment of medication Medication assessment and emergency administration	treatments Suctioning (indicate oral (OS), nasal (NS), tracheal (TS) Tracheotomy tube replacement Tracheotomy monitoring and care	 Ostomy care, dressing, and monitoring Ostomy irrigation 	Bowel and bladder monitoring, care and intervention toileting (T) Assessing and monitoring bod systems, vital signs, and grown and development

(10-19-07)